

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6963

CERTIFICATE OF DEATH

REGISTRAR'S NO.

2596

1. PLACE OF DEATH A. COUNTY Maricopa	B. LENGTH OF STAY IN THIS TOWN 2 1/2 yrs IN ARIZONA 53 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)	
	C. CITY OR TOWN Phoenix		A. STATE Arizona	B. COUNTY Graham
D. FULL NAME OF HOSPITAL OR INSTITUTION Arizona State Hospital		C. CITY OR TOWN Safford		
3. NAME OF DECEASED A. (FIRST) MINNIE B. (MIDDLE) ELLEN C. (LAST) JOHNSTON		4. SEX F	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed
6B. NAME OF SPOUSE Unknown		7. DATE OF BIRTH MONTH 12 DAY 22 YEAR 67	8. AGE (IN YEARS LAST BIRTHDAY) 86	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Unknown
9B. KIND OF BUSINESS OR INDUSTRY Unknown	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio	11. CITIZEN OF WHAT COUNTRY? U. S.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) Unknown	13. SOCIAL SECURITY NO. Unknown
14A. FATHER'S NAME Unknown		14B. BIRTHPLACE (STATE OR COUNTRY) Unknown	15A. MOTHER'S MAIDEN NAME Unknown	
16. INFORMANT'S SIGNATURE Arizona State Hospital records, Phoenix		17. DATE OF DEATH (MONTH) (DAY) (YEAR) December 18 1954		
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Bronchopneumonia ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Chronic Myocarditis DUE TO (C) Generalized arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH 4 days Unknown Unknown		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1-29, 1952 TO 12-18, 1954, THAT I LAST SAW THE DECEASED ALIVE ON 12-18, 1954, AND THAT DEATH OCCURRED AT 2:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
22A. SIGNATURE (DEGREE OR TITLE) Samuel Huk M. D. Director		22B. ADDRESS 2500 E. Van Buren St.		22C. DATE SIGNED 12-18-54
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?
24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED
25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE Dec. 19, 1954	25C. NAME OF CEMETERY OR CREMATORY Clifton, Arizona	
26A. DATE REC. BY LOCAL REG. 12/18/54		26B. REGISTRAR'S SIGNATURE Bulah Johnston		27A. FUNERAL DIRECTOR'S SIGNATURE W. L. Murphy
27B. ADDRESS 330 N. 2nd Ave.		27C. DATE SIGNED		